

Introduction.  
Cm 2, Sess 1

TECHNICAL PROGRESSES AND MEDICAL ETHIC

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"Search within yourself, only for that  
you feel does not exist elsewhere". (A. GIDE)

If medicine has more progressed during the past thirty  
years than during the precedent centuries, a too great number  
of men and particularly ~~practitioners~~ <sup>doctors</sup> have but little changed.

Certainly, the modern therapist is slightly different  
from Molière's Doctors, yet the dogma, the lazy conservatism  
and often self-satisfaction are still found with amazing  
frequency.

During numerous recent cases, laws themselves showed  
their inadaptation and sometimes jurisprudence was simply not  
able to allow judgements according to new regulations which  
are imposing themselves.

<sup>medical organisations themselves</sup>  
The "~~Conseil de l'Ordre~~", ~~an organism created during~~  
~~an exceptional situation, during the last World War, by Vichy's~~  
~~government, is~~ <sup>are</sup> remaining a repressive and rigid prisoners of  
~~their~~ <sup>their</sup> own status. It seems these ~~organism~~ <sup>associations</sup> should be able to confront  
the problems of Ethics posed by modern medicine.

We intend to present you <sup>with</sup> some thoughts which should  
impose themselves in the form of necessary transformations :  
Reforms of the ideas and basic tendencies.  
Reforms of medical institutions.

The reform of the ideas is nowhere more urgent than in  
our speciality : the cardiovascular surgery.

During the past 25 Years, everything has been created.

After the first commissurotomy by BAILEY and BROCK,

in 1948, the first Blalock's operations, for the tetralogy of Fallot, the first treatment of coarctation by GROSS and CRAFOORD in 1948, this type of surgery made giant steps.

The first use of the extra-corporal circulation under the impulse of LILLEHEI in 1956, the development of valvular surgery thanks to Starr's artificial valvula (1961) the improvement of the techniques of coronary grafts, thanks to the Cleveland School and, last but not least, the first transplantation by BARNARD and SHUMWAY, such was the technological way.

Those unquestionable advances should modify the prospective and behaviour of every physician towards his patients unfortunately, it is obvious that, in our latin countries, we are far from the realisation. While the public is fascinated by the fundamental transformations of science and the possibilities of medicine, the surgeon-researcher does not always encounter sympathy and encouragement from his colleagues.

Already absorbed by the difficulties arising from any new therapeutic methods, he must reply to the sarcasms and insults of those who might otherwise be enthusiastic and helpful.

This opposition does not always take the form of a personal denigration, condemned by Hippocrate. Nowadays, it can be more perfidious, publicly putting in doubt the efficacy and value of such new methods and in proposing the field of research to a certain team of a certain country.

What is most grave is that such disputable criticism is spread throughout a public opinion which ought to be widely and impartially informed.

The medical-researcher is thus led to defend his research, his opinions and his projects with the public and to demand of this public, an understanding and at least a moral participation.

While it is usual, especially in the United States,

in other countries, particularly in France, the researcher finds himself taxed to present a personal publicity, where no material profit has ever been in question.

Is it thus necessary to remain silent?

Is it even possible ?

The press always avid for sensational information will always find, despite the discretions of silence, an informer and will publish that an unusual operation occurred and that a transplant patient did not survive.

Is one able to reproach the press for this?

We feel on the contrary that the populace must know the reasons of such an operation and know its significance : if it ends in a failure, to explain the probable causes and the positive consequences that can be deduced.

In that which concerns the heart transplantation, sharply contested in France, it permits, according to N. SHUMWAY to procure a prolonged survival, without suffering, for 30% of the transplant patients.

One should persevere at the least.

It is thus necessary that all people around the world should be informed of those essential facts in order to combat the opinion of those of our colleagues of whom it seems that the essential goal is to smother any innovation.

For that purpose, all our resources of its diffusion must be admitted and encouraged.

Also one may consider that the silence is an invitation to the public to believe in the witch-doctor.

The incredible progresses of medicine in the field of intensive care, the enormous successes of the antibiotics, the marvellous operations in complex surgeries, risk without

a minimum of explanation, to make believe that a physician and a surgeon, deus ex machina, is capable of miracles, and contrary to fact, his unexplainable failures are the whole responsibility of the surgeon.

In order to demythologize the medicine, to show it is a science particularly delicate and restrained in its development by an unconditional respect for life, it is necessary to present the statistics, attest successes but also failures.

It is necessary certainly to inform the journalist of the danger of the creating of superstitions, that is to present the physician as a capricious "thaumaturge".

The introduction of grafts of organs in surgery will create a deep change in our behaviour with regard to death. Its definition has already been modified in order to permit the extraction of organs.

If all physicians agree in claiming that death can be defined only by the thorough destruction of brain, many people are not yet convinced that in a dead man the heart can beat.

On the other hand, once death is accepted, too often still, the family raises to fight for also sometimes on religious ones.

To pull off such old believes, we have to intensify information campaigns and also to educate children at school, for we live mostly with numerous conditioned reflexes which we have acquired during school-time; we must now foresee the moment when the grafts have such an extent that the lack of <sup>do-</sup>~~gi-~~ <sub>vers</sub> will be the only slow down to transplantation.

The further use of the artificial heart will contribute to solve this problem, but its high cost will for long be an obstacle to its development and it will remain for many years a precious auxiliary of the heart transplant technique.

The rareness of the givers, the very high cost of these interventions lead us to a new dilemma :

- must we ~~make~~<sup>do</sup> expensive ~~interventions~~<sup>operations</sup>?
- or must we only cure influenza?

In my opinion, this choice does not exist. And this is doubtless the only point of Hippocrate's oath with which I have no reticence : as a pratician, I must do everything to develop medicine in every field, and in no case (I will) accept that a medical organization or a government give me orders concerning my behaviour towards a patient. Anyhow, this fight must not be hypocritical and one of the first roles of the ~~pratician~~<sup>doctor</sup> is to know how to give himself the means of applying a definite health policy.

I will not say with emphasis that health is our most precious good, but, yet, I have to say that a large part of the budget of a nation has to be consecrated to this subject. On the other hand, China's example is also very interesting : acknowledging that 90% of the illnesses to heal alone, it is sufficient to deal with them with minor<sup>1</sup> and cheap drugs, decoc-tions and acupuncture, thus enables to devote most of the health budget to severe illnesses, advanced techniques and medical research.

An other consequence of the development of advanced techniques in surgery and medicine must be a new conception of our medical structures.

Because of the turnover of the techniques, yesterday's truth quickly becomes a mistake, even a fault. In such a whirl, how many remain clear-sighted? What makes the situation serious, in our latin medical organisation, is the fact that some heads of Departments who should be our leaders, are unremovable; instead of being a factor of progress, their actual presence is a stop to their pupils who thus lack a desire to progress or create, following therefore an easy and conformist routine.

If one admits a system in which the Physician becomes a Civil Servant where one earns credits with age. Where finance and rewards are handed by Committees, every liberty and enthusiasm vanish.

I am horrified to see too many colleagues of my generation prepare their future and build projects which are not based upon the improvement of our knowledge and the care given to the patients, but only to the intrigues which could lead them to follow in the steps of their bosses, thus maintaining an ~~over~~<sup>eternal</sup> reign of "mandarins".

This system quickly makes you selfish, mean and hard. The disillusion of the youth is not a myth and those who lament today about it are often our masters, whose selfishness, inability to communicate, to create the enthusiasm that burns in youth, are responsible for the lack of ideal which we universally complain of.

Maybe I will be accused of anticonformism? I do not deny it but as I grow older, this trend becomes more constructive I think that deep reforms will allow without violence a salutary transformation.

The new medical Society must be prospective and constructive :

- It must not take hierarchy into account where <sup>ve</sup> initiative and creativity are concerned.
- In research it must benefit from all resources of youth.

SUCH SHOULD OUR GOALS BE !